

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/674892	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51
2	1						52
3	1						53
4	1 2						54
5	10						55
6	11						56
7	10						57
8	10						58
9	10						59
10	10						60
11	10						61
12	10						62
13	10						63
14	10						64
15	10						65
16	10						66
17	10						67
18	10						68
19	10						69
20	10						70
21	10						71
22	10						72
23	10						73
24	10						74
25	10						75
26	10						76
27	10						77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	5						TOTAL IND.
TOTAL DEP.	22						TOTAL DEP.
TOTAL CLAIMS	27						TOTAL CLAIMS

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